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STATEMENT OF

FORM 1		ORGANIZATION											Offic	e Use	Only			
NAME OF COMMITTEE (in	n full)	×	(Check if n is changed			nple:If the lir		j, type)	12	FE4	М5]			
District No. 1-	PCD, M	arine	Enginee	ers' Be	nefic	al A	SSOC	c F	Polit	ical	Act	ion	Fu	nd (ME	BA	-P/	AF)
ADDRESS (number and street)		444 North Capitol Street, NW																
(Check if address is changed)		Suite 8	00															
		Washington								DC 20001-1570								
				C	CITY					STAT	Έ			ZI	P CC	DE		
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)			e provide or PAC@elect	-			1 1	1 1	1 1	ı	l I	ı	l I	1 1	1 1	ı	1 1	1
COMMITTEE'S WEB (Check if is change)	address		JRL) 1meba.org															
2. DATE 11	M / D	D / Y	2011]											1 1			
3. FEC IDENTIFIC	CATION NU	IMBER		C co	027938	0												
4. IS THIS STATEM	MENT	NEV	V (N)	OR	×	Α	MEND	ED (A	۸)									
I certify that I have of Type or Print Name of Signature of Treasure	of Treasurer	Bill Va		the best	of my F	nowled			an	S true	e, cor	rect	and d	comple 21	ete.	Y	^y 201	
NOTE: Submission of			complete inf						-				the pe	enaltie	s of 2	 2 U.S	.C. §	437g.
Office Use Only						For fur Federal Toll Fre Local 2	Election e 800-4	n Com 124-953	missior					EC (Revis				